

EPIPHANY MINISTRY TEAM APPLICATION

(all information is considered confidential)

Mr./Mrs./Ms./Rev. _____

Address _____

City, State, Zip _____

E-mail address: _____ Phone (H) _____ (W) _____

For purposes of team diversity please indicate: Race _____ Sex _____

Parish/Church _____ Denomination _____

Driver's License State and Number: _____

Social Security Number _____

3 Day Weekend attended: Name _____

_____ Date _____ Location _____ State _____

Staff Experience (mark all that apply): S = Street Weekend E = Epiphany K = Kairos

Speaker () Kitchen () Music () Coordinator/Set Up ()
Agape/Palanca () Prayer Chapel () Recreation () Rector/Lay Director ()
Asst Lay Director () Table Leader/Asst Table Leader () Table Servant/Cha Cha () Spiritual
Director/Asst Spiritual Director () Other (specify) _____

Willing to serve (check one): Inside OR outside youth facility ()
Outside youth facility only () Inside youth facility only ()

This information will be used only as necessary to clear applicant through the Institution/Facility.

Have you ever been arrested, convicted of a felony & placed on probation or parole? _____
If yes, please contact the Institutional Coordinator.

I agree to attend all the team meetings and carry out the responsibilities of an Epiphany Team Member as they have been explained to me. I agree to attend Epiphany follow-up meetings with the Stars a minimum of four times during the year following the weekend. I am actively involved in my local church.

Applicant's Signature _____

As a volunteer with the Alabama Department of Youth Services, I will not knowingly solicit, receive, disclose, authorize, nor make use of any records and/or information concerning any youth for which the Department provides care and services. Furthermore, I do hereby agree to read and abide by any and all facility rules and regulations as outlined during my orientation session, and any others that may be required.

Having carefully considered the opportunities and responsibilities involved, I hereby offer my services as a volunteer in the Epiphany Ministry of Alabama, Inc. through the Alabama Department of Youth Services.

I also authorize any City, County, State or Federal Agency, Department or Bureau to release any information in their files under my name.

•Signature _____ Date _____

This information is provided for those who have interest in serving on a team:

To be eligible for a team, the applicant must:

1. Have attended and/or served as a team member on at least one 3 Day weekend (Emmaus, Cursillo, Chrysalis, Happening, Kairos, Cross, etc.)
2. Be cleared by the State’s Bureau of Investigation,
3. Be approved by Alabama Department of Youth Services.
4. Be actively involved in his/her local church,
5. Be approved by the Board of Directors and the Lay Director
6. Be living a Christian lifestyle.

[NOTE: None of these may be waived except by the Lay Director of the Weekend, and the Board of Directors.]

The Weekend date for _____ (weekend name and #) is:

The Training dates for the _____ (weekend name and #) are:

Send the application to:

Epiphany Ministry of Alabama, Inc.
P.O. Box 1044
Trussville, AL 35173